MISSOURI STATE BOARD OF HEALTH BURBAU OF VITAL STATISTICS CRETIFICATE OF DEATH COUNTY DEPTH STATISTICS CRETIFICATE OF DEATH 1. PLACE OF SEATH COUNTY DEPTH STATISTICS CRETIFICATE OF DEATH COUNTY DEPTH STATISTICS CRETIFICATE OF DEATH COUNTY DEPTH STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 5. DIVERSE DIVERSE STATISTICAL PARTICULARS DIVERSE DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 5. DIVERSE DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 5. DIVERSE DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 5. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 5. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 5. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS 1. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS 1. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS 1. DIVERSE STATISTICAL PARTICULARS 1. DIVERSE STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. DIVERSE STATISTICAL PARTICULARS		•		Do not use this space.
2. FULL NAME (a) Bealtenee. No. Multipliance of abode? Lessift of residence in city or fown where death occurred yra. me. DESTRUCTION OF DECESSED (b) Carrier Internet internet. David Mounts PARSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SMELE MASSED. WILDOWNSON (Graffe the specify) State of Massed. Wilson, Wilson, Orabic the specify (or town and State) State of Massed. Wilson, Wilson, Orabic the specify of the specify blank			MISSOURI STATE	
2. FULL NAME (a) Beatlenee. No. March. (b) Beatlenee. No. March. (c) Beatlenee. No. March. (d) Bea	M	T	P 1926 BUREAU OF VI	
2. FULL NAME (a) Beatlenee. No. March. (b) Beatlenee. No. March. (c) Beatlenee. No. March. (d) Bea	a ta		1. PLACE OF DEATH	579
2. FULL NAME (a) Beatleree. No. March. (b) Beatleree. No. March. (c) Beatleree. No. March. (d) Name of employer. (e) Name of employer. (f) Name of employer. (e) Name of employer. (f) Name of employer. (e) Name of employer. (f) Name of employer.	2 d e	ı	County 2 2 Property Redistration District	3/8
2. FULL NAME (a) Beatleree. No. March. (b) Beatleree. No. March. (c) Beatleree. No. March. (d) Name of employer. (e) Name of employer. (f) Name of employer. (e) Name of employer. (f) Name of employer. (e) Name of employer. (f) Name of employer.	直直		Township. Primary Bedistration	
2. FULL NAME (a) Beatleree. No. March. (b) Beatleree. No. March. (c) Beatleree. No. March. (d) Name of employer. (e) Name of employer. (f) Name of employer. (e) Name of employer. (f) Name of employer. (e) Name of employer. (f) Name of employer.	2 P		City shows fully, how. No. show	maluld Hook & / /X/ ==
(a) Bestitener No. SALLLAGA, MAO. St. Length of residence in city or fown when death occurred yra. December 10.5. To feed back? PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (MONTH), DAY AND VEAR) S. JE MARRIER, WISOVERD, ON DIVORCED (Notificity or fown the wear) S. JE MARRIER, WISOVERD, ON DIVORCED (NOW WIFE Or (NO) WIFE OR				
Length of readers in city or town and State) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINGLE, Margine, Wildows, District, Distric	E DE	- 1		iegl
3. SEX 4. COLOR OR RACE 5. SINGER, MARRIED, WIDOPERPORT DIVISION OF DIVISION O	III S	ı	(a) Residence. No	
3. SEX 4. COLOR OR RACE 5. SINGER, MARRIED, WIDOPERPORT DIVISION OF DIVISION O	F E		Length of residence in city or town where death occurred yrs. mes.	1
3. SEX 4. COLOR OR RACE 5. SINGER, MARRIED, WIDOPERPORT DIVISION OF DIVISION O			PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Divorces (corriv the specify) S. A. F. MARRIED, WIDOWID, On DIVORCED (A) WHE CO (A) WHE CO (B) WHE CO (C) DATE OF BIRTH (MONTH, DAY AND YEAR) DAYS II LESS the 1 AND AND AND AND AND AND AND AN		ľ		
So. T MARIELD, WIDOWED, OR DIVORCED So. HUSBARD OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 19. July to Link M. M. July and that death occurred, on the date stated above, at				
HUSSAND or OF DECEASED (a) WIFE or OF BIRTH (MONTH, DAY AND YEAR) DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATHS WAS AS FOLIOUS: THE CAUSE OF DEAT			- f N. Smith	n '
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1. LESS than I that I last away have alive on. Advance of the content o	i te	- 1	5a. If Married, Widowed, or Divorced HUSBAND or	
7. AGE YEARS MONTHS DAYS IN LESS than 1 day,			(OR) WIFE OF	that I last saw hard alive on All 19 19 19 4 and that
7. AGE YEARS MONTHS DAYS IN LESS than 1 day,	7 7 2		6 DATE OF BIDTH (MONTH DAY AND MEAN)	death occurred, on the date stated above, at
8. OCCUPATION OF DECEASED (a) Trade, prelication, or perfectate kind of work (b) General nature of industry, bestiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER 14. MAIDEN NAME OF MOTHER 15. BIRTHPLACE OF MOTHER 16. MAIDEN NAME OF MOTHER 17. MAIDEN NAME OF MOTHER 18. WESTER AN AUTOPSTI. WAS THERE AN AUTOPSTI. WHAT TEST CONFIDENCE DEATH, OF IN deather from Vindency Capters, state (STATE OR COUNTRY) 14. INTORNAMI 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) 16. MAIDEN NAME OF MOTHER 17. MAIDEN NAME OF MOTHER 18. WESTER AN AUTOPSTI. WAS THERE AN AUTOPSTI. WHAT TEST CONFIDENCE DEATH, OF IN deather from Vindency Capters, state (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER 17. MAIDEN NAME OF MOTHER 18. WESTER AN AUTOPSTI. WAS THERE AN AUTOPSTI. WHAT TEST CONFIDENCE DEATH, OF IN deather from Vindency Capters, state (STATE OR COUNTRY) 19. MAIDEN NAME OF MOTHER 19. MAIDEN NAME	i ga			THE CAUSE OF DEATH WAS AS FOLLOWS:
(a) Trade, profession, or purificular kind of work and the standard of the sta	48 5		day,bra.	an vintonto
(a) Trade, profession, or purificular kind of work and the standard of the sta			1 bout revery a min.	17.12 1 17 13 1
business, or establishment in which employer (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) 16. PLACE OF BURIAL CREMBTION, OR REMOVAL (Address) 16. PLACE OF BURIAL CREMBTION, OR REMOVAL (Address) 17. DID AN OPERATION PRECEDE DEATH. INFORMANT (STATE OR COUNTRY) (STATE OR COUNTRY) 16. PLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (Address) 18. WHERE UAS DISEASE CONTRACTED 18. WHERE UAS DISEASE CONTRACTED 18. WHERE UAS DISEASE CONTRACTED 19. DID AN OPERATION PRECEDE DEATH. INFORMANT WAS THERE AN AUTOPSTI. WHAT TEST CONFIRMS DIAGNOSIST (STATE OR COUNTRY) 18. WHERE UAS DISEASE CONTRACTED WAS THERE AN AUTOPSTI. WHAT TEST CONFIRMS DIAGNOSIST (STATE OR COUNTRY) 19. DID AN OPERATION PRECEDE DEATH. INFORMANT (STATE OR COUNTRY) 10. PLACE OF DURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (Address) 10. PLACE OF BURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (Address) 10. PLACE OF BURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (ADDRESS) 20. UNDERTAKER		Į.	8. OCCUPATION OF DECEASED	12/0 1 1 1 1
business, or establishment in which employer (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) 16. PLACE OF BURIAL CREMBTION, OR REMOVAL (Address) 16. PLACE OF BURIAL CREMBTION, OR REMOVAL (Address) 17. DID AN OPERATION PRECEDE DEATH. INFORMANT (STATE OR COUNTRY) (STATE OR COUNTRY) 16. PLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (Address) 18. WHERE UAS DISEASE CONTRACTED 18. WHERE UAS DISEASE CONTRACTED 18. WHERE UAS DISEASE CONTRACTED 19. DID AN OPERATION PRECEDE DEATH. INFORMANT WAS THERE AN AUTOPSTI. WHAT TEST CONFIRMS DIAGNOSIST (STATE OR COUNTRY) 18. WHERE UAS DISEASE CONTRACTED WAS THERE AN AUTOPSTI. WHAT TEST CONFIRMS DIAGNOSIST (STATE OR COUNTRY) 19. DID AN OPERATION PRECEDE DEATH. INFORMANT (STATE OR COUNTRY) 10. PLACE OF DURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (Address) 10. PLACE OF BURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (Address) 10. PLACE OF BURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (ADDRESS) 20. UNDERTAKER	, 5 F			129
business, or establishment in which employer (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) 16. PLACE OF BURIAL CREMBTION, OR REMOVAL (Address) 16. PLACE OF BURIAL CREMBTION, OR REMOVAL (Address) 17. DID AN OPERATION PRECEDE DEATH. INFORMANT (STATE OR COUNTRY) (STATE OR COUNTRY) 16. PLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (Address) 18. WHERE UAS DISEASE CONTRACTED 18. WHERE UAS DISEASE CONTRACTED 18. WHERE UAS DISEASE CONTRACTED 19. DID AN OPERATION PRECEDE DEATH. INFORMANT WAS THERE AN AUTOPSTI. WHAT TEST CONFIRMS DIAGNOSIST (STATE OR COUNTRY) 18. WHERE UAS DISEASE CONTRACTED WAS THERE AN AUTOPSTI. WHAT TEST CONFIRMS DIAGNOSIST (STATE OR COUNTRY) 19. DID AN OPERATION PRECEDE DEATH. INFORMANT (STATE OR COUNTRY) 10. PLACE OF DURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (Address) 10. PLACE OF BURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (Address) 10. PLACE OF BURIAL CREMBTION, OR REMOVAL DATE OF BURIAL (ADDRESS) 20. UNDERTAKER		1		CONTRIBUTION RAI AT ON Mandrick Alexander
(c) Name of emgloyer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) 16. WHERE WAS DISEASE CONTRACTED 17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED 19. BIRTHPLACE OF DEATH. (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 14. INFORMANT (Address) 15. FREE 15. P. 19. 26 RAPAR BROWN 20. UNDERTAKER ADDRESS 20. UNDERTAKER ADDRESS	7 K	1	business, or establishment in	
9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. INFORMANT 16. DATE OF DEATH! 17. DID AN OPERATION PRECEDE DEATH! 18. DID AN OPERATION PRECEDE DEATH! 19. DID AN OPERATION PRECEDE DEATH! 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. DATE OF DEATH! 16. DEMANS AND NATURE OF INJURY, and (2) whether ACCIDINFIAL, OF HOMICULAL (God reverse side for additional space) 16. PLACE OF BURIAL CREMETION, OR REMOVAL 17. DATE OF BURIAL 18. DATE OF BURIAL 19. PLACE OF BURIAL CREMETION, OR REMOVAL 19. PLACE OF DEATH! 19. PLA		1		(duration)yrsds,
(STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) (STATE OR COUNTRY) 16. INFORMANT (Address) (STATE OR COUNTRY) 17. INFORMANT (Address) (STATE OR COUNTRY) (I) MEANS AND NATURE OF INTURY, and (2) whether Address, State (1) MEANS AND NATURE OF INTURY, and (2) whether Address, STATE OR COUNTRY) (Address) (Address) (Address) (Address) (Address) (Address) (D. FILED P. 19. 26 (ADDRESS) (D. WAS THERE AN AUTOPSYTI. W		∦		18. WHERE TAS DISEASE CONTRACTED
DID AN OPERATION PRECEDE DEATH. DATE OF LANG. 10. NAME OF FATHER CLICK Draws. 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR GOUNTRY) 12. MAIDEN NAME OF MOTHER Draws. 13. BIRTHPLACE OF MOTHER CLITY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT (Address) 15. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL (Address) 16. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL PAGE OF DATE OF BURIAL DATE OF BURIAL ADDRESS 16. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL ADDRESS 16. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL ADDRESS 16. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL ADDRESS 17. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL ADDRESS 18. PLACE OF BURIAL, CREMRTION, OR REMOVAL DATE OF BURIAL ADDRESS	# 26 T	i	S. Divini Liou (ciri da 100a)	IF NOT AT PLACE OF DEATH). Bellings MO
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR GOUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 14. INFORMANT (Address) 15. FRED 9-8, 19, 26 RAMADEN BARGAN BARGAN WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST. STATE OR GOUNTRY) 13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 14. INFORMANT (Address) 15. FRED 9-8, 19, 26 RAMADEN BARGAN CAUSING DEATH, OF IN deaths from Violency Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accommenzal, Suicidal, of Housendal. (Address) 16. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 20. UNDERTAKER ADDRESS ADDRESS	를 걸 ^켰	1	(STATE OR COUNTRY) Missouri	DID AN OPERATION PRECEDE DEATHS. WE DATE OF GLAS 2021
11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT (Address) (Address) (STATE OR COUNTRY) 16. PLACE OF BURIAL (Address) (Add	a de la	1	10. NAME OF FATHER Lances branch	7, 1
(STATE OR GOUNTRY) (STATE OR COUNTRY) (STATE		Į.	DIDTUDI ACE OF FATHER (. , ,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)			(STATE OR COUNTRY)	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)			a state of the same	4.8 7/
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). A State the Dishase Causing Death, or in death from Violent Causins, state (STATE OR COUNTRY) 14. INFORMANT (Address) BURGAL, George eide for additional space.) 15. FILED 9-8, 19. 26 Ralphy Broother A. S. Wallacl. REGISTRAR 18. State the Dishase Causing Death, or in death from Violent Causins, state (1) Means and Nature of Injury, and (2) whether Additional space.) 16. Place of Fundamental Causing Death, or in death from Violent Causins, state (1) Means and Nature of Injury, and (2) whether Additional space.) 19. Place of Burial, Cremitation, or removal. 10. Place of Burial, Cremit	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- //	a 12 MAIDEN NAME OF MOTHER COLL Proper	10 ,196 (Address) Afring grang mis
(STATE OR COUNTRY) 14. INFORMANT (Address) BILLIAN (See Feverse side for additional space.) 16. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) BILLIAN		4	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	
14. INFORMANT AND STATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL BULLING MO 9-9-1926 15. FILED 9-8 19 26 Ralphy Browle Q. S., Wallace Bulling Mo REGISTRAN Q. S., Wallace Bulling Mo	EA A	ı II		
15. FRED 9-8, 19. 26 Ralph Brown Q. S. Wallace Belling Mo. REGISTRAN Q. S. Wallace Bellings M.	5 W			19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
15. FILED 9-8, 19. 26 Ralph Brooth 20. UNDERTAKER A. S. Wallace Billings Mr.	ЩÓ П			B.11 Dag
FILED Y- 8, 19 26 VI agray of a software a. S. Wallace Bellings M.	 		15. 00 al D. 1.11812 1	
1 (Wallace Billings, Mr.	z V			ADDRESS ADDRESS
				U. V. Wallace Billings Mo
		{		

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grovery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home, Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 urs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ---- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or HOMICIDAL, or as probably such, if impossible to determine definitely, Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.